

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026452

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6990

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 12 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri		Length of stay in lb 38 years		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6565 Scanlan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 6565 Scanlan		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Bernard Albert Thien			4. DATE OF DEATH Month Day Year July 4, 1963			5. SEX M			6. COLOR OR RACE W
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 3-15-95			9. AGE (last birthday) 68			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) auto service
10b. KIND OF BUSINESS OR INDUSTRY Ben Thien Auto Repair			11. BIRTHPLACE (City and state or country) Germantown, Ill.			12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Bernard Thien			13b. MOTHER'S MAIDEN NAME Anna Marie Peters			14. NAME OF HUSBAND OR WIFE Regina Thien			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. [REDACTED]			17. INFORMANT Mrs. Regina Thien 6565 Scanlan			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURE OF AORTIC ANEURYSM DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED DUE TO (c) 451X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION St. Louis			COUNTY St. Louis			STATE Mo.			
21. I attended the deceased from 9-20-62 to 7-4-63 and last saw him alive on 6-25-63 Death occurred at 11:55 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) [Signature]			22b. ADDRESS 6366 Clayton Rd St Louis 17 Mo			22c. DATE SIGNED 7-5-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 7-8-63			23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			
23d. LOCATION (City, town, or county) St. Louis County, Mo.			23e. DATE RECD. BY LOCAL REG. JUL 5 1963			23f. REGISTRAR'S SIGNATURE [Signature]			
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Dennehy

Licensed Embalmer No.

41940

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

6356 Clayton Rd.
St. Louis, Mo. 63112

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